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08/25/10

BRICK, BRICK AND ELMER, P.C.

ATTORNEYS AND COUNSELORS AT LAW

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NORTH TONAWANDA, NEW YORK 14120-0604

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ANTHONY W. BRICK, JR.

(1909-1991)

THOMAS R. ELMER

(1945 - 2004)

August 20, 2010

U.S. Bankruptcy Court, WDNY
Olympic Towers
300 Pearl Street, Suite 250
Part 1 Courtroom, 2nd Floor
Buffalo, NY 14202-2501

Re: Helms, Janice Marie
Case No.: 08-10361 MJK

Dear Sir or Madam:

Enclosed please find a check payable to the U.S. Bankruptcy Court in the amount of \$1.99 representing the total of funds paid to creditors under \$5 in the above listed case. A copy of the letter to the creditor is enclosed regarding the account and amount owed for your records.

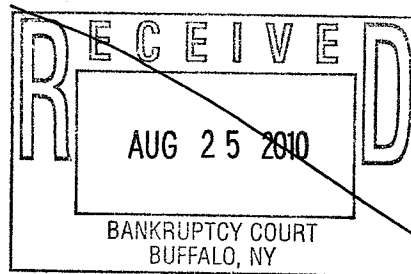
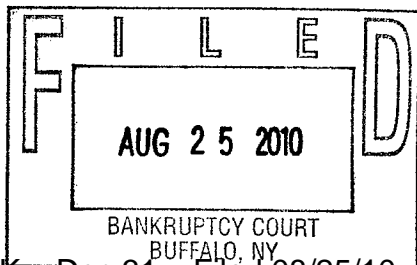
If you should have any questions, please feel free to call. Thank you for your time and attention to this matter.

Very truly yours,

BRICK, BRICK AND ELMER, P.C.

Daniel E. Brick

DEB:tac
Enclosures



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August 20, 2010

**SPIRIT OF AMERICA NATIONAL BANK/BEDFORD FAIR
FIRST EXPRESS
PO BOX 856750
LOUISVILLE, KY 40285-**

Re: **HELMS, JANICE MARIE**
Case No.: 08-10361 MJK

Ladies and Gentlemen:

Enclosed please find a check in the amount of \$1.99 representing approximately 3.59% of your claim in the above listed bankruptcy case.

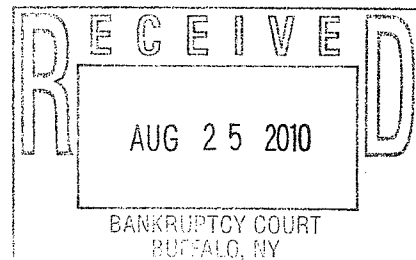
Thank you for your consideration.

Very truly yours,

BRICK, BRICK & ELMER, P.C.

Daniel E. Brick
Trustee

DEB:tac
Enclosure



UNITED STATES BANKRUPTCY COURT Western District of New York

PROOF OF CLAIM

Name of Debtor:
JANICE MARIE HELMSCase Number:
08-10361

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property):
SPIRIT OF AMERICA NATIONAL BANK/BEDFORD FAIR☐ Check this box to indicate that this claim amends a previously filed claim.Name and address where notices should be sent:
SPIRIT OF AMERICA NATIONAL BANK/BEDFORD FAIR
FIRST EXPRESS
PO BOX 856750
LOUISVILLE, KY 40285Court Claim Number: #9
(If known)Telephone number:
(800) 209-9161

Filed on: _____

Name and address where payment should be sent (if different from above):

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number:

☐ Check this box if you are the debtor or trustee in this case.1. Amount of Claim as of Date Case Filed: \$ 55.36

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim.

☐ Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).2. Basis for Claim: Money loaned
(See instruction #2 on reverse side.)3. Last four digits of any number by which creditor identifies debtor: 25293a. Debtor may have scheduled account as: _____
(See instruction #3a on reverse side.)☐ Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507 (a)(4).☐ Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other
Describe:

Value of Property: \$ _____ Annual Interest Rate _____ %

Amount of arrearage and other charges as of time case filed included in secured claim,

if any: \$ _____ Basis for perfection: _____

Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____

☐ Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507 (a)(7).☐ Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8).☐ Other – Specify applicable paragraph of 11 U.S.C. §507 (a)().

Amount entitled to priority:

\$ _____

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

Date:
04/17/2008

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

/s/ Stacy Suire - TSYS DEBT MANAGEMENT service provider for SPIRIT OF AMERICA NATIONAL BANK/BEDFORD FAIR

FOR COURT USE ONLY

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.